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RULE				

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none AB*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none AB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/07/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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